2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 AM
Secretary of State

DOCUMENT# P00000022689

Entity Name: ARVIDA CENTRAL FLORIDA CONTRACTING, INC.

Current Principal Place of Business:

1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

1650 PRUDENTIAL DRIVE SUITE 400
ATTN. LEGAL DEPT.
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-3629651 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAINE, LAWRENCE
1650 PRUDENTIAL DRIVE
SUITE 400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: MOTTA, JAMES D
Address: 7900 GLADES ROAD #200
City-St-Zip: BOCA RATON, FL 33434

Title: DVT ( ) Delete
Name: REGAN, MICHAEL N
Address: 1650 PRUDENTIAL DRIVE #400
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete
Name: HENDERSON, ALISON K
Address: 1650 PRUDENTIAL DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: AS ( ) Delete
Name: WHITLATCH, SUSAN G
Address: 1650 PRUDENTIAL DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MOTTA, JAMES D
Address: 1650 PRUDENTIAL DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: DVT (X) Change ( ) Addition
Name: REGAN, MICHAEL N
Address: 1650 PRUDENTIAL DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: S (X) Change ( ) Addition
Name: PAINE, LAWRENCE
Address: 1650 PRUDENTIAL DRIVE SUITE 400
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE PAINE S 04/02/2002

Electronic Signature of Signing Officer or Director — Date